

EXHIBIT H

Review Checklist for HMO Rate Filings

Form

No(s).

Type of Filing (Group Master, Targeted Groups, Rider Only, Change in Methodology Only)

Form No(s). of affected policy forms:

For each question, fill in Y, N or NA; where appropriate, indicate Section or Page Number.

1. Is the rating methodology one of the three listed at N.J.A.C. 8:38-11.8(a)1 (specify which one), or has the actuary certified and demonstrated that the rates produced are not unfairly discriminatory?
Yes ☐ No ☐ NA ☐ _____
2. Pursuant to N.J.A.C. 8:38-11.8(a)1, has the actuary certified and demonstrated that the rates produced are not inadequate or excessive?
Yes ☐ No ☐ NA ☐ _____
3. Is there any cross-subsidization between HMO and non-HMO business explicit or implicit in these rates?
Yes ☐ No ☐ NA ☐ _____
4. If these rates pertain to a specific group, and the rate relativities have been modified for this group relative to the HMO's overall book of business of this type, is the total premium for the group the same as it would be in the absence of such modification?
Yes ☐ No ☐ NA ☐ _____
5. If conversion rates from group to individual business are given, (a) has an identifiable charge been made to the group for partial subsidization; or (b) are converted individuals given standard IHC policies, pursuant to N.J.S.A. 17B:27A-4 et seq?
Yes ☐ No ☐ NA ☐ _____
6. For POS plan rates, have the calculations and/or certifications specified at N.J.A.C. 8:38-14 been provided?
Yes ☐ No ☐ NA ☐ _____

In order for the rate filing to be considered complete, the following questions must be answered:

7. Does this filing include the PMPM rate calculation sheet, the rate relativities for each set of tiers including the basis for these if changed from the prior period and the trend factor (if this filing is for more than one quarter)?
Yes ☐ No ☐ NA ☐ _____
8. Does this filing include a brief explanation of the assumptions used?
Yes ☐ No ☐ NA ☐ _____
9. Does this filing state the annualized rate change since the previous filing, and the effective date of the previous filing?
Yes ☐ No ☐ NA ☐ _____
10. If pure community rating is not used, does this filing include all CRC factors utilized in obtaining the final rates, or reference where they can be found?
Yes ☐ No ☐ NA ☐ _____
11. If prospective experience rating is used, does this filing include credibility criteria and the formula used in the case of partial credibility, including the definition of the experience period?
Yes ☐ No ☐ NA ☐ _____
12. If there has been any change in the rating methodology since this HMO's previous rate filing, has this change been noted and explained?
Yes ☐ No ☐ NA ☐ _____

REVISED 3/19/97